MARYLAND STATE DEPARTMENT OF HEALTH

11356

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 78

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Carroll; MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Westfield; LENGTH OF STAY (in this place) years; HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Carroll; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN; STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) SAMUEL (Middle) (Last) BAIR

4. DATE OF DEATH: (Month) October (Day) 3 (Year) 1952

5. SEX: male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)

8. DATE OF BIRTH: 5/18/1863

9. AGE last birthday: 89 yrs. If under 1 year: Months; Days; If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Carpenter

10b. KIND OF BUSINESS OR INDUSTRY: Retired

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U. S.

13. FATHER'S NAME: Jesse Bair

14. MOTHER'S MAIDEN NAME: Not Known

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: none

17. INFORMANT AND ADDRESS: C. E. Bair, Hagerstown, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Disease of coronary arteries — Interval Between Onset and Death: 1 day

420.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) arteriosclerosis — about 10 yrs.

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death: none

19a. DATE OF OPERATION: none

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): no

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY; (CITY OR TOWN); (COUNTY); (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from about Oct., 1942, to 10-3, 1952, that I last saw the deceased alive on 10-3, 1952, and that death occurred at 7:15 P.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

J. Billingslea, M.D. Westminster, Md. 10-4-52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE THEREOF: 10/7/52 | NAME OF CEMETERY OR CREMATORY: Ebenezer Cem. | LOCATION (City, town, or county) (State): Pendfield, Md.

DATE REC'D BY LOCAL REG.: 10-5-52 | REGISTRAR'S SIGNATURE: E. M. Farver

24. FUNERAL DIRECTOR: D. D. Hartzler & Sons | ADDRESS: New Windsor & Union Bridge Md

RECEIVED
OCT 7 1952
BUREAU V. S

11357

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 74

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 8-51

1. PLACE OF DEATH:
COUNTY Carroll MARYLAND
CITY (If outside corporate limits, write RURAL OR TOWN and give nearest town) Westminster
LENGTH OF STAY (in this place) 4 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS Westminster

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Boonsboro
STREET ADDRESS (If rural, give location) Md. ✓

3. NAME OF DECEASED: (Type or Print) (First) Anna (Middle) Elizabeth (Last) Bowers

4. DATE OF DEATH: (Month) Oct (Day) 20 (Year) 1952

5. SEX: F.

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow

8. DATE OF BIRTH: Mar. 5. 1870

9. AGE last birthday: 82 yrs. IF UNDER 1 YEAR: Months 7 Days 13 IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Housewife

11. BIRTHPLACE (State or foreign country): Washington Co Md

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Peter Breitweiser

14. MOTHER'S MAIDEN NAME: Unk.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Unk. (If Yes, give war or dates of service) —

16. SOCIAL SECURITY No.: Unk.

17. INFORMANT & ADDRESS: Gerald H Bowers

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

4437

Immediate cause (a) Terminal Pneumonia — Interval Between Onset and Death: 1 day

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

DUE TO (b) Chronic Myocarditis — 4 yrs

DUE TO (c) Hypertension — 4 yrs

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 13, 19 47, to Oct 20, 1952, that I last saw the deceased alive on Oct 20, 1952 and that death occurred at 1:55 m., from the causes and on the date stated above.

SIGNATURE M M Martin M D (DEGREE OR TITLE) ADDRESS Westminster DATE SIGNED 10/20/52

23. BURIAL, CREMATION REMOVAL (Specify): Burial

DATE THEREOF 10-25-52

NAME OF CEMETERY OR CREMATORY Loudon Park

LOCATION (City, town, or county) (State) Baltimore, Md

DATE REC'D BY LOCAL REG. Oct 22 1952

REGISTRAR'S SIGNATURE C. Henry Klee

24. FUNERAL DIRECTOR Lemuel J. Ruck ADDRESS 5305 Harford Rd

RECEIVED
OCT 22 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

11358 76

Reg. Dist. No. 33

MARGIN RESERVED FOR BINDING. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

PLEASE WRITE PLAINLY, WITH UNFADING INK.

VS-A15

1. PLACE OF DEATH: COUNTY Carroll; MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Finksburg; LENGTH OF STAY (In this place) 7 yrs; HOSPITAL OR INSTITUTION OR STREET ADDRESS Finksburg Nursing Home

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Baltimore; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Lutherville; STREET ADDRESS (If rural, give location) Bolona Ave ✓

3. NAME OF DECEASED (Type or Print): (First) David (Middle) Hulan (Last) Catterson.

4. DATE OF DEATH: (Month) Oct (Day) 4 (Year) 1952

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, (MARRIED), WIDOWED, DIVORCED. (Specify)

8. DATE OF BIRTH: 22 JAN 1866

9. AGE: Last birthday 86 yrs. | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer - Watchman

10b. KIND OF BUSINESS OR INDUSTRY: Farm.

11. BIRTHPLACE (State or foreign country): Wayne Co. Pennsylvania

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Robert Catterson

14. MOTHER'S MAIDEN NAME: Martha Jane Dunning

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS: Mrs. David Catterson - Finksburg, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Cerebro Vascular Accident.	7 Days
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Arteriosclerotic Cerebro Vascular Disease	Years
	(c)	

3317

II. OTHER SIGNIFICANT CONDITIONS. Conditions contributing to the death but not related to the disease or condition causing death. Generalized Diffuse Sclerosis. — Years

19a. DATE OF OPERATION: None

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 23 Nov., 1951, to 4 Oct., 1952, that I last saw the deceased alive on 3 Oct., 1952, and that death occurred at 9:15 A.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Allen Moulton M.D. Westminster, Md. 10/4/52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE THEREOF: Oct. 7, 1952 | NAME OF CEMETERY OR CREMATORY: Moreland Memorial Park | LOCATION (City, town, or county) (State): Baltimore Co.

DATE REC'D BY LOCAL REG. 10-6-52 | REGISTRAR'S SIGNATURE: Mary B. Elline

24. FUNERAL DIRECTOR ADDRESS: J.F. Eline & Sons, Reisterstown, Md.

L. K. Woodward

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OCT 9 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 11354 76

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Carroll; MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Westminster; LENGTH OF STAY (in this place) 6 mos.; HOSPITAL OR INSTITUTION OR STREET ADDRESS 33 Charles St

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Pa; COUNTY Franklin; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Waynesboro; STREET ADDRESS (If rural, give location) 151 Clyde St

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Joseph		Cosley	10	22	1952

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
male	negro	widowed	Unknown	About 76 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
~~Farmer~~ Farmer Retired	Domestic	Penfield Md	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Isiah Cosley	Louisa Millberg

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
	209-12-8289	Mylecia Hughes Westminster Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
4221 Immediate cause	(a) acute cardiac dilatation	3 hrs
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) myocarditis (Chronic)	3 mos.
	(c) arteriosclerosis	5 years

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from May 1, 1952, to Oct 22, 1952, that I last saw the deceased alive on Oct 22, 1952 and that death occurred at 7-P m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Chas. R Fout	MD	Westminster Md	10-22-52

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	10/25/52	Green Hill	Waynesboro	Pa

DATE RECD BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
10/24/52	[signature]	Walter G Frye	Waynesboro Pa.

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OCT 27 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 11360

CERTIFICATE OF DEATH

Reg. Dist. No. 24

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH:
   COUNTY: CARROLL — MARYLAND
   CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: RURAL, SYKESVILLE
   LENGTH OF STAY (in this place): 27 days
   HOSPITAL OR INSTITUTION OR STREET ADDRESS: SPRINGFIELD STATE HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED:
   STATE: MARYLAND — COUNTY: CARROLL
   CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: SYKESVILLE
   STREET ADDRESS (If rural give location):

3. NAME OF DECEASED: (Type or Print) (First) MARY (Middle) M. (Last) CROSS

4. DATE OF DEATH: (Month) 10 (Day) 14 (Year) 19 52

5. SEX: FEMALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): WIDOW

8. DATE OF BIRTH: 8-4-68

9. AGE Last birthday: 84 yrs. — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Home

11. BIRTHPLACE (State or foreign country): MARYLAND

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: ROBERT WEMPE

14. MOTHER'S MAIDEN NAME: LOUISA HAMMER

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.): no — (If Yes, give war or dates of service): —

16. SOCIAL SECURITY No.: none

17. INFORMANT & ADDRESS: HOSPITAL RECORDS

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Myocardial degeneration — Interval Between Onset And Death: Indef

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Arteriosclerosis 422.1

DUE TO

(c) 422.1

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. CBS, WITH SENILE BRAIN DISEASE, WITH PSYCHOTIC REACTION (17L11) — 5 weeks

19a. DATE OF OPERATION: — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept. 18, 19 52, to Oct. 14, 19 52, that I last saw the deceased alive on Oct. 14, 19 52, and that death occurred at 3:30 p.m. from the causes and on the date stated above.

Izydor Werbner M.D. (Signature and Degree or title) — Izydor Werbner, M. D. Springfield State Hospital, Sykesville, Maryland (ADDRESS) — 10-14-52 (DATE SIGNED)

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: 10-16-52 — NAME OF CEMETERY OR CREMATORY: Springfield — LOCATION (City, town, or county) (State): Sykesville, Md.

DATE REC'D BY LOCAL REGISTRAR: Oct. 15, 1952 — REGISTRAR'S SIGNATURE: C. Harry Weir

24. FUNERAL DIRECTOR: Ward & Haight - Sykesville, Md. — ADDRESS: Luther A. Haight

RECEIVED
OCT 17 19
BUREAU

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

11561

CERTIFICATE OF DEATH

Reg. Dist. No. 76

MARGIN RESERVED FOR BINDING. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. PLEASE WRITE PLAINLY, WITH UNFADING INK.

VS-115

1. PLACE OF DEATH: COUNTY Carroll; MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Finksburg | LENGTH OF STAY (in this place) 1yr.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Grimes Nursing Home

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Carroll
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural--Woodbine
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) MARY (Middle) A (Last) CRUM
4. DATE OF DEATH: (Month) Oct. (Day) 3, (Year) 1952

5. SEX: female
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): widowed
8. DATE OF BIRTH: 7-15-1875
9. AGE last birthday: 77 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housework
10b. KIND OF BUSINESS OR INDUSTRY: own home
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Samuel Hess
14. MOTHER'S MAIDEN NAME: Rebecca Bushey

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If year, give war or dates of service)
16. SOCIAL SECURITY NO.: none
17. INFORMANT AND ADDRESS: Roy Crum, Woodbine, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Generalized Arteriosclerosis — Interval Between Onset and Death: years.

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb, 1952, to Oct 3, 1952, that I last saw the deceased alive on Oct 2, 1952, and that death occurred at 5 A m., from the causes and on the date stated above.

SIGNATURE James T Monroe | (Degree or title) M D | ADDRESS Westminster Md | DATE SIGNED 10/3/52

23. BURIAL, CREMATION, REMOVAL (Specify): BURIAL | DATE: 10-6-1952 | NAME OF CEMETERY OR CREMATORY: Mt. Olivet | LOCATION (City, town, or county) (State): Frederick, Md.

DATE REC'D BY LOCAL REG. 10/4/52 | REGISTRAR'S SIGNATURE [illegible]

24. FUNERAL DIRECTOR: C. M. Waltz, | ADDRESS: Winfield, Md.

OCT 7 1952

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 70

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY: Carroll — STATE: MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Maryland — COUNTY: Carroll
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Taneytown — LENGTH OF STAY (in this place): Lifetime	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Taneytown
HOSPITAL OR INSTITUTION OR STREET ADDRESS:	STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
James	Edwin	Flohr	October	31,	1952

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months / Days	If under 24 hrs.: Hours / Min.
Male	White	Widowed	December 3, 1876	75 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Retired Farmer	Farm owner	Maryland	U.S.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Jeremiah Flohr	Sarah C. Firor

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
No	None	William J. Flohr, Westminster, Maryland

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	INTERVAL BETWEEN ONSET AND DEATH
Immediate cause (a) Hemorrhage from Carcinoma of Liver and Stomach	4 days
151X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Carcinoma of Liver and Stomach	2 years
(c)	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from Oct. 28th, 1952, to Oct. 31st, 1952, that I last saw the deceased alive on Oct. 31st, 1952, and that death occurred at 11:20 p.m., from the causes and on the date stated above.

SIGNATURE: L. M Benner M.D. (Degree or title) ADDRESS: Taneytown Carroll Co. Maryland DATE SIGNED: November 1, 1952

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Nov. 4, 1952	Lutheran Cemetery	Taneytown, Maryland

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Nov 3 1952	Ethel M Mehring Local	C.O. Fuss & Son	Taneytown, Maryland

VS-A1

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 53

CERTIFICATE OF DEATH

Reg. Dist. No. 74

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Carroll
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Henryton
MARYLAND
LENGTH OF STAY (in this place) 3yrs.10mths.2days
HOSPITAL OR INSTITUTION OR STREET ADDRESS HENRYTON STATE HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland
COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore 17
STREET ADDRESS (If rural give location) 1333 Fulton Avenue

3. NAME OF DECEASED: (Type or Print) (First) STANLEY (Middle) LEROY (Last) GIBSON

4. DATE OF DEATH: (Month) October (Day) 21 (Year) 1952

5. SEX: Male

6. COLOR OR RACE: Negro

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: Aug. 19,1943

9. AGE last birthday: 9 yrs.
IF UNDER 1 YEAR: Months Days
IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): None

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Baltimore, Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Benjamin Gibson

14. MOTHER'S MAIDEN NAME: Daisy Hall

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unk.) No
(If Yes, give war or dates of service)

16. SOCIAL SECURITY No.: None

17. INFORMANT & ADDRESS: Mr. Benjamin Gibson-1333 Fulton Avenue

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

002X

Immediate cause (a) Far Adv. Bilat., Pul., Tbc.

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
DUE TO (b)
DUE TO (c)

Interval Between Onset And Death: Nov.,1948

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec. 19, 1948, to Oct. 21, 1952, that I last saw the deceased alive on Oct. 21, 1952 and that death occurred at 1:45 A. M., from the causes and on the date stated above.

SIGNATURE (Degree or title) J.F. Vestal M.D
ADDRESS Henryton, Maryland
DATE SIGNED 10-21-52

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF Oct 25, 1952
NAME OF CEMETERY OR CREMATORY Mt. Auburn Cem
LOCATION (City, town, or county) (State) Baltimore, Md

DATE RECD BY LOCAL REGISTRAR 10-21-52
REGISTRAR'S SIGNATURE Albert R. Swarthout Deputy Local

24. FUNERAL DIRECTOR Wm. Ralph K. Willis
ADDRESS 322

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 74

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

1. PLACE OF DEATH:

COUNTY Carroll — MARYLAND

CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN: Sykesville

LENGTH OF STAY (in this place): since 2/16/10

HOSPITAL OR INSTITUTION OR STREET ADDRESS: Springfield State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE Maryland — COUNTY ---

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore City

STREET ADDRESS (If rural, give location): 1007 Somerset Street

3. NAME OF DECEASED: (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH: (Month) (Day) (Year)
Joseph	-	HABERKORN	October 6 1952

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
male	white	single	1885	67 yrs.	-	-	-	-

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
Farmer	Farming	Maryland	U.S.A.

13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
Adam Haberkorn	unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
unknown ---	unknown	Records - Springfield State Hospital

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

C22.X

Immediate cause — (a) Hemorrhage from burst aneurysma — Interval between onset and death: a few min.

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last — (b) Syphilis — 12 yrs.

DUE TO

(c) ---

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. Schizophrenia — 44 yrs.

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION:	20. AUTOPSY?
---	---	Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) ---

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY ---

(CITY OR TOWN) --- (COUNTY) (STATE)

TIME (Month) (Day) (Year) (Hour) OF INJURY --- M.

INJURY OCCURRED While at work ☐ Not while at work ☐ ---

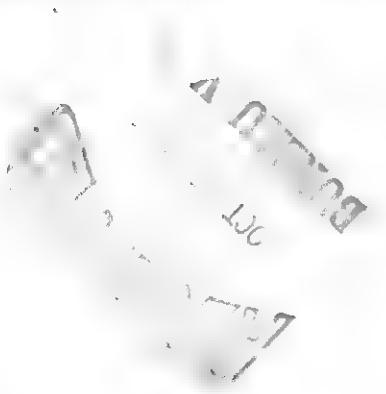
HOW DID INJURY OCCUR? ---

22. I hereby certify that I attended the deceased from Sept. 1, 1947, to Oct. 6, 1952, that I last saw the deceased alive on Oct. 6, 1952, and that death occurred at 3:30 p.m., from the causes and on the date stated above.

SIGNATURE: Martin Gross M.D. (DEGREE OR TITLE) — ADDRESS: Sykesville, Maryland — DATE SIGNED: 10/6/52

23. BURIAL, CREMATION REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City or town, or county) (State)
Burial	10-9-52	Holy Redeemer	Balto. Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Oct. 7 1952	C. Harry Eberl	Howard J. Ruck	5305 Harford Rd. Balto. Md.



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 165 74

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: Please write the causes of death clearly and legibly.

VS. A16 8-51

1. PLACE OF DEATH:

COUNTY Carroll — MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Sykesville — LENGTH OF STAY (in this place) since 7/30/4

HOSPITAL OR INSTITUTION OR STREET ADDRESS Springfield State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE Maryland — COUNTY

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore City

STREET ADDRESS (If rural, give location) 3423 Guilford Terrace

3. NAME OF DECEASED: (Type or Print) (First) Henry (Middle) --- (Last) Hammond

4. DATE OF DEATH: (Month) Oct. (Day) 18 (Year) 52

5. SEX: male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: 2/22/1867

9. AGE last birthday: 85 yrs. — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Salesman

10b. KIND OF BUSINESS OR INDUSTRY: Kitchen Equipment

11. BIRTHPLACE (State or foreign country): New York City

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Henry Hammond

14. MOTHER'S MAIDEN NAME: Adelle Cecilia Hopkins

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no — (If Yes, give war or dates of service) —

16. SOCIAL SECURITY NO.: None

17. INFORMANT & ADDRESS: Records of Springfield State Hospital

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		Interval Between Onset and Death
540.1 Immediate cause	(a) Peritonitis, Ileus	1-2 days
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	DUE TO (b) Perforated gastric ulcer	1-2 Days
	DUE TO (c)	

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death: Senile Psychosis, Simple Deterioration — over 5 years

19a. DATE OF OPERATION: — **19b. MAJOR FINDINGS OF OPERATION:** ---- **20. AUTOPSY?** Yes ☒ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M. — INJURY OCCURRED While at work ☐ Not while at work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8/18/48 to 10/18/52, that I last saw the deceased alive on Oct. 18 52, and that death occurred at 4:45 p.m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) Martin Gross, M.D. ADDRESS Sykesville, Md. DATE SIGNED Oct. 19, 1952

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF 10-21-1952 — NAME OF CEMETERY OR CREMATORY Green Mount — LOCATION (City, town, or county) (State) Baltimore, Md.

DATE REC'D BY LOCAL REG. Oct. 19, 1952 — REGISTRAR'S SIGNATURE C. Harry Weer — **24. FUNERAL DIRECTOR** John O. Mitchell & Son — ADDRESS 1900 Eutaw Pl.

RECEIVED
OCT
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 75

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The ■ specially important. Physicians: please write the ■ uses of death clearly and ■ legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Carroll — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Manchester | LENGTH OF STAY (In this place) 94
HOSPITAL OR INSTITUTION OR STREET ADDRESS 104 York St.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Carroll
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Manchester
STREET ADDRESS (If rural, give location) 104 York St.

3. NAME OF DECEASED (Type or Print): (First) ANNIE (Middle) MAGGIE (Last) HOWCK
4. DATE OF DEATH: (Month) Oct (Day) 22 (Year) 1952

5. SEX: Female | 6. COLOR OR RACE: White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed | 8. DATE OF BIRTH: July 1-1858 | 9. AGE last birthday: 94 yrs. | If under 1 year: Months / Days | If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife | 10b. KIND OF BUSINESS OR INDUSTRY: Housewife | 11. BIRTHPLACE (State or foreign country): Carroll County, Maryland | 12. CITIZEN OF WHAT COUNTRY: U S A.

13. FATHER'S NAME: John Stumps | 14. MOTHER'S MAIDEN NAME: Margaret Kopp

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) | (If yes, give war or dates of service): No | 16. SOCIAL SECURITY NO.: None | 17. INFORMANT AND ADDRESS: Mrs Maggie Hoffman, Manchester, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Cerebral Hemorrhage — 1 wk.

331 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Generalized arteriosclerosis — 5 yrs

(c) Cataract — 5 yrs

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 1, 1952, to Oct 22, 1952, that I last saw the deceased alive on Oct 19, 1952, and that death occurred at 12:45 A m., from the causes and on the date stated above.

SIGNATURE W. H. Hoard | (Degree or title) M.D. | ADDRESS Manchester, Md | DATE SIGNED 10/22/52

23. BURIAL, CREMATION, REMOVAL (Specify) Burial | DATE THEREOF 10/24/52 | NAME OF CEMETERY OR CREMATORY Manchester Cem. | LOCATION (City, town, or county) (State) Manchester, Carroll co Md

DATE REC'D BY LOCAL REG. Oct 23/52 | REGISTRAR'S SIGNATURE Mrs. W. P. L. Demmer

24. FUNERAL DIRECTOR A B Wink | ADDRESS Manchester Md

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 75

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Carroll — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Manchester
LENGTH OF STAY (In this place) 2 1/2 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Long view Nursing Home

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Frederick
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN New London
STREET ADDRESS (If rural, give location) R.D. #1 Mt. Airy ✓

3. NAME OF DECEASED (Type or Print): (First) Annie (Middle) B. (Last) Jones
4. DATE OF DEATH: (Month) October (Day) 16 (Year) 1952

5. SEX: Female
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): widow
8. DATE OF BIRTH: 12-6-1870
9. AGE last birthday: 81 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House wife
10b. KIND OF BUSINESS OR INDUSTRY: None
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Noah BARNES
14. MOTHER'S MAIDEN NAME: Louisa FRANKLIN

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): NO
16. SOCIAL SECURITY NO.: None
17. INFORMANT AND ADDRESS: Mrs John MAKOSKY Westminster, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

44 ✓ Immediate cause (a) Chronic Myocarditis ?

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arteriosclerotic Cardio Renal Vascular disease ?

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April 30, 1950, to October 16, 1952; that I last saw the deceased alive on Oct 15, 1952; and that death occurred at 1:30 A. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Joseph E Bush MD — ADDRESS Hampstead Md — DATE SIGNED 10-16-52.

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF 10-18-1952 — NAME OF CEMETERY OR CREMATORY Central — LOCATION (City, town, or county) (State) Frederick Co., Md.

DATE REC'D BY LOCAL REG. Oct 18-52 — REGISTRAR'S SIGNATURE Mrs. H. R. S. Donner

24. FUNERAL DIRECTOR — ADDRESS E. M. Waltz, Winfield, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 76

1. PLACE OF DEATH
COUNTY Carroll MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Westminster
LENGTH OF STAY (in this place) 3 Mo.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Buckingham Convalescent Home Webster Street.

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland COUNTY Carroll
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural, Near Silver Run
STREET ADDRESS (If rural, give location) Westminster, R. D. 1

3. NAME OF DECEASED (Type or Print) (First) Susan (Middle) Catherine (Last) Keefer

4. DATE OF DEATH (Month) (Day) (Year) 10/19/52 19

5. SEX Female

6. COLOR OR RACE White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed

8. DATE OF BIRTH 1/13/1875

9. AGE last birthday 77 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework (Housewife)

10b. KIND OF BUSINESS OR INDUSTRY Own home

11. BIRTHPLACE (State or foreign country) Carroll County, Md.

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME Henry Hahn

14. MOTHER'S MAIDEN NAME Mary Stier

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. None

17. INFORMANT AND ADDRESS Charles M. Keefer Westminster, Md. R.D.1

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Edema of Lungs — Interval Between Onset and Death: Few days

4-2-1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Cardio Vascular Kidney Disease — about 3 years

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) No — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) None m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct. 1950, 19..., to 10-19, 1952, that I last saw the deceased alive on 10-19, 1952, and that death occurred at 11 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

J. Billingslea M.D. Westminster, Md. 10-20-52

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF 10/22/52 — NAME OF CEMETERY OR CREMATORY St. Marys Union Cemetery — LOCATION (City, town, or county) (State) Silver Run, Carroll Co., Md.

DATE REC'D BY LOCAL REG. 10/20/52 — REGISTRAR'S SIGNATURE — 24. FUNERAL DIRECTOR ADDRESS T. M. Little & Son Littlestown, Pa.

Per R. A. Little

VS. A15

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 52

CERTIFICATE OF DEATH

Reg. Dist. No. 74

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH:
COUNTY: Carroll
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Henryton
MARYLAND
LENGTH OF STAY (in this place): 10 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: HENRYTON STATE HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Maryland
COUNTY:
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Baltimore-2
STREET ADDRESS (If rural give location): 1102 E. Lombard Street

3. NAME OF DECEASED: (First) JAMES (Middle) (Last) KELLY
4. DATE OF DEATH: (Month) October (Day) 5, (Year) 19 52

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR Months / Days	IF UNDER 24 HRS. Hours / Min.
Male	Negro	Sep.	June 10, 1905	47 yrs.		

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Laborer	Construction Work	Orangeburg, S. Carolina	

13. FATHER'S NAME: Knowlin Kelly
14. MOTHER'S MAIDEN NAME: Mary Jones

15 WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY No.	17. INFORMANT & ADDRESS
No	158-03-3084	Deceased

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset And Death
Immediate cause: 0621	(a) DUE TO: Far Advanced Bilateral Pulmonary Tuberculosis with Cavitation.	1949
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.	(b) DUE TO:	
	(c)	

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept. 25 19 52, to Oct. 5, 19 52, that I last saw the deceased alive on Oct. 5, 19 52, and that death occurred at 12:45 A. M., from the causes and on the date stated above.

SIGNATURE: T.F. Vestal (Degree or title): M.D. ADDRESS: Henryton, Maryland DATE SIGNED: 10-5-52

23. BURIAL/CREMATION, REMOVAL (Specify): Burial DATE THEREOF: 10/8/52 NAME OF CEMETERY OR CREMATORY: Mt Calvary Cem. LOCATION (City, town, or county) (State): Brooklyn Md

DATE REC'D BY LOCAL REGISTRAR: 10-5-52 REGISTRAR'S SIGNATURE: Albert R. Swan Deputy Local

24. FUNERAL DIRECTOR: Elroy O. Wilson ADDRESS: 1110 Bentley Ave

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 76

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The accuracy is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS-A15

1. PLACE OF DEATH: COUNTY Carroll MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Westminster | LENGTH OF STAY (in this place) 2 months
HOSPITAL OR INSTITUTION OR STREET ADDRESS N. Center St. Westminster Md.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Carroll Co.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural / Westminster
STREET ADDRESS (If rural, give location) North Center St. Ext

3. NAME OF DECEASED (Type or Print): (First) JONAS (Middle) ELMER (Last) LAWYER
4. DATE OF DEATH: (Month) Oct. (Day) 19 (Year) 1952

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Nov. 11 1870
9. AGE last birthday: 81 yrs.
If under 1 year: Months | Days
If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): retired farmer
10b. KIND OF BUSINESS OR INDUSTRY: dairy farm
11. BIRTHPLACE (State or foreign country): Pleasant Valley
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Lincoln Lawyer
14. MOTHER'S MAIDEN NAME: Susan Willett

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) | (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 200-07-4580
17. INFORMANT AND ADDRESS: Miss Edith M. Lawyer, Westminster

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

331X

Immediate cause (a) Cerebral hemorrhage

Antecedent cause(s) Disease or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Marked arteriosclerosis

(c)

INTERVAL BETWEEN ONSET AND DEATH: (a) 8 days (b) indefinite

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 1 1952 to Oct. 19 1952 that I last saw the deceased alive on Oct. 16 1952 and that death occurred at 4 A. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Reese Wilkens M.D. ADDRESS 7 Carroll Westminster DATE SIGNED 10/20

23. BURIAL, CREMATION OR REMOVAL (Specify) Burial
DATE THEREOF Oct 21 1952
NAME OF CEMETERY OR CREMATORY Medway Branch
LOCATION (City, town, or county) (State) Rural, Westminster Md.

DATE REC'D BY LOCAL REG. 10/20/52
REGISTRAR'S SIGNATURE
24. FUNERAL DIRECTOR J. E. Myers Jr. ADDRESS Westminster, Md.

RECEIVED
[illegible]2
BOARD V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 24

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 8-51

1. PLACE OF DEATH:
COUNTY Carroll Co MARYLAND
CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN Sykesville
LENGTH OF STAY (in this place) 2 yrs 6 mo
HOSPITAL OR INSTITUTION OR STREET ADDRESS Pullen Nursing Home

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Balto. City
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural, give location) 4302 Granada Ave

3. NAME OF DECEASED: (Type or Print) (First) Matilda (Middle) A. (Last) Leishear
4. DATE OF DEATH: (Month) Oct. (Day) 12 (Year) 1952
5. SEX: female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow
8. DATE OF BIRTH: 9/23/1864
9. AGE last birthday: 88 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House wife
10b. KIND OF BUSINESS OR INDUSTRY: at Home
11. BIRTHPLACE (State or foreign country): Baltimore Md.
12. CITIZEN OF WHAT COUNTRY? U S A

13. FATHER'S NAME: Harry D. Feldman
14. MOTHER'S MAIDEN NAME: Mary Smith

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.: none
17. INFORMANT & ADDRESS: Wm. Leishear Sykesville Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:
434.1
Immediate cause (a) Cardio Vascular Disease
DUE TO
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last
(b)
DUE TO
(c)
INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS:
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY
(CITY OR TOWN) (COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY M.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ....., 19..., to 10/12/52, 1952, that I last saw the deceased alive on 10/11/52, 1952, and that death occurred at .....m., from the causes and on the date stated above.
SIGNATURE (DEGREE OR TITLE) ADDRESS DATE SIGNED
Wm E. Martin M.D. Randallstown, Md 10/13/52

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE THEREOF 10/14/52
NAME OF CEMETERY OR CREMATORY Lorraine Cem
LOCATION (City, town, or county) (State) Woodlawn Md.

DATE RECD BY LOCAL REG. 10/14/52
REGISTRAR'S SIGNATURE A W Hadwell
24. FUNERAL DIRECTOR E. Willis Lamoreux
ADDRESS 4070 Liberty Hgts Ave

DMR

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 24

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: Please write the cause of death clearly and legibly.

VS. A15—51

1. PLACE OF DEATH:
COUNTY Carroll County — MARYLAND
CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN Sykesville
LENGTH OF STAY (in this place) 11 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS Springfield State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural, give location) 806 Madison Ave

3. NAME OF DECEASED: (Type or Print) (First) Sarah (Middle) F (Last) MARTIN

4. DATE OF DEATH: (Month) Oct. (Day) 18, (Year) 19 52

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): single

8. DATE OF BIRTH: Oct. 9, 1864

9. AGE last birthday: 88 yrs. — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Registered nurse

10b. KIND OF BUSINESS OR INDUSTRY: Unk -

11. BIRTHPLACE (State or foreign country): Massachusetts

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: Charles Hackett Martin

14. MOTHER'S MAIDEN NAME: Rebecca Lavery

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No — (If Yes, give war or dates of service) No

16. SOCIAL SECURITY No.: Unk -

17. INFORMANT & ADDRESS: Hospital records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		Interval Between Onset and Death
Immediate cause	(a) Bronchopneumonia	4 days
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	DUE TO (b) Uremia	8 days
	DUE TO (c) Cerebral hemorrhage	10 days

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. Agitated Depression, Cerebral arteriosclerosis — Hypostatic congestion

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept. 15, 1952, to Oct. 18, 1952, that I last saw the deceased alive on Oct. 17, 1952, and that death occurred at 7:30 P.M., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS — DATE SIGNED

Gertrud Sonnenfeld M.D. Springfield State Hospital Sykesville Md. 10/18/52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF 10-20-52 — NAME OF CEMETERY OR CREMATORY Loudon Park — LOCATION (City, town, or county) (State) Balto., Md.

DATE REC'D BY LOCAL REG. Oct. 18 1952. — REGISTRAR'S SIGNATURE C. Harry Weer

24. FUNERAL DIRECTOR — ADDRESS

John O. M. Bechell & Sons, Inc. - 1900 Eutaw Place

WB Mitchell

(4)

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. ....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

COUNTY Carroll — MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Sykesville — LENGTH OF STAY (in this place) since 6/25/51

HOSPITAL OR INSTITUTION OR STREET ADDRESS Springfield State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE Maryland — COUNTY ---

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore City

STREET ADDRESS (If rural give location) 1711 W. Fayette

3. NAME OF DECEASED: (Type or Print) (First) John (Middle) Jacob (Last) MATLAK (Matlock?)

4. DATE OF DEATH: (Month) Oct. (Day) 29/52 (Year) 19

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR: Months / Days	IF UNDER 24 HRS.: Hours / Min.
male	white	single	June 28, 1898	54 yrs.		

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
unknown	---	Hungary	United States

13. FATHER'S NAME: John J. Matlak

14. MOTHER'S MAIDEN NAME: Barbara Lang

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)	(If Yes, give war or dates of service)	16. SOCIAL SECURITY No.:	17. INFORMANT & ADDRESS:
unknown	---	215-07-0607	Records - Springfield State Hospital

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		Interval Between Onset And Death
Immediate cause	(a) Cerebrovascular Accident	31 hours
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.	DUE TO (b) Myocardial Infarct	15 months
	DUE TO (c) Arteriosclerosis	many years
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Involutional Psychosis, paranoid type	16 months

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
---	---	Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN)	(COUNTY)	(STATE)
---	---	---		

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURED While at Work ☐ Not While At Work ☐	HOW DID INJURY OCCUR?
--- m.	---	---

22. I hereby certify that I attended the deceased from June 3, 1952, to Octob.29, 1952, that I last saw the deceased alive on Oct.29.., 1952, and that death occurred at 10:30 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
Martin Bonn, M.D.	Sykesville, Maryland	

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Nov.3/52	Sacred Heart	Baltimore, Md.

DATE REC'D BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
10/31/52		Harry A. Nitzke	4101 Edmondson Ave.

VS. A15

(Matlock?)

Cerebrovascular Accident	31 hours
Myocardial Infarct	15 months
Arteriosclerosis	many years
Involutional Psychosis, paranoid type	16 months

Oct.29 52 10:30 p.m. Octob.29 52

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 74

CERTIFICATE OF DEATH

Reg. Dist. No. 74

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Carroll
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Henryton
LENGTH OF STAY (in this place) 3mos. 27 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS HENRYTN STATE HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore 17, Maryland
STREET ADDRESS (If rural give location) 1310 Pennsylvania Ave.,

3. NAME OF DECEASED: (Type or Print) (First) ELIZABETH (Middle) (Last) MCLAIN

4. DATE OF DEATH: (Month) Oct. (Day) 23 (Year) 19 52

5. SEX: Female

6. COLOR OR RACE: Negro

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Single

8. DATE OF BIRTH: Aug., 24, 1925

9. AGE last birthday: 27 yrs.
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: Factory Worker

10b. KIND OF BUSINESS OR INDUSTRY: Canning Factory

11. BIRTHPLACE (State or foreign country): Fayettesville, N.C.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: William Mc Lain

14. MOTHER'S MAIDEN NAME: Marie Barr

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.): No
(If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 223-20-8106

17. INFORMANT & ADDRESS: Deceased

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

CCBX

Immediate cause (a) Far Advanced Bilateral Pulmonary Tuberculosis — Interval Between Onset And Death: March, 1952

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
DUE TO (b) ....
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 26, 1952, to Oct., 23, 1952, that I last saw the deceased alive on Oct. 23, 1952, and that death occurred at 1:30 A.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) T.F. Veal M.D. ADDRESS Henryton, Maryland DATE SIGNED 10-23-52

23. BURIAL, CREMATION, REMOVAL (Specify) Burial DATE THEREOF 10/27/52 NAME OF CEMETERY OR CREMATORY Mt. Calvary Cem. LOCATION (City, town, or county) (State) Crownsville, Md.

DATE REC'D BY LOCAL REGISTRAR 10-23-52 REGISTRAR'S SIGNATURE Albert R. Swanborn Deputy Local

24. FUNERAL DIRECTOR Mrs Ralf. Ellis Langston ADDRESS 1129 N Eastern Ave

VS. A15

RECEIVED
OCT 28 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 7:

CERTIFICATE OF DEATH

Reg. Dist. No. 74

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Carroll — MARYLAND
CITY (If outside corporate limits, write RURAL) OR TOWN and give nearest town) Sykesville
LENGTH OF STAY (in this place) since 10/9/04
HOSPITAL OR INSTITUTION OR STREET ADDRESS Springfield State Hospital

2 USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland — COUNTY ---
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Baltimore City
STREET ADDRESS (If rural give location) 500 N. Clinton ✓

3. NAME OF DECEASED: (Type or Print) (First) William (Middle) E. (Last) McMILLAN

4. DATE OF DEATH: (Month) October (Day) 30 (Year) 19 52

5. SEX: male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married

8. DATE OF BIRTH: 1869 ?

9. AGE last birthday: 83 ? yrs. IF UNDER 1 YEAR: Months — Days — IF UNDER 24 HRS.: Hours — Min. —

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Canning house

10b. KIND OF BUSINESS OR INDUSTRY: --- Canning

11 BIRTHPLACE (State or foreign country): Baltimore City, Md.

12. CITIZEN OF WHAT COUNTRY? United States

13. FATHER'S NAME: William H. McMillan

14. MOTHER'S MAIDEN NAME: Kate McGee

15 WAS DECEASED EVER IN U S ARMED FORCES? (Yes, no, or unk.) unknown
(If Yes, give war or dates of service) ---

16. SOCIAL SECURITY No.: unknown

17. INFORMANT & ADDRESS: Records - Springfield State Hospital

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Myocardial infarct — Interval Between Onset And Death: 6 hrs.
DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
(b) ---
DUE TO
(c) ---

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Chronic fibrotic pneumonitis many yrs. Schizophrenia about 50 years

19a. DATE OF OPERATION: ---

19b. MAJOR FINDINGS OF OPERATION ---

20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) ---

PLACE (Home, farm, factory, street, office bldg., etc.) ---

(CITY OR TOWN) ---

(COUNTY)

(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. ---

INJURY OCCURED While at Work ☐ Not While At Work ☐ ---

HOW DID INJURY OCCUR? ---

22. I hereby certify that I attended the deceased from Sept. 1, 1947, to Oct. 29, 1952, that I last saw the deceased alive on Oct. 29, 19.52, and that death occurred at 4:00 a.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Martin Gross, M.D — ADDRESS Martin Gross, M.D. Sykesville, Md. — DATE SIGNED 10/30/52

23. BURIAL, CREMATION, REMOVAL (Specify) burial — DATE THEREOF 11-3-52 — NAME OF CEMETERY OR CREMATORY Baltimore — LOCATION (City, Town, or county) Baltimore, (State) Md

DATE RECD BY LOCAL REGISTRAR Oct 31, 1952 — REGISTRAR'S SIGNATURE C. Harry Weis

24. FUNERAL DIRECTOR John Ulrich — ADDRESS 2008 Orleans St. Balto. Md

VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 75

1. PLACE OF DEATH
COUNTY: Carroll — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Taneytown
LENGTH OF STAY (in this place): Lifetime
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY: Carroll
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Taneytown
STREET ADDRESS (If rural, give location): E. Baltimore Street

3. NAME OF DECEASED (Type or Print): (First) Elmer (Middle) R. (Last) Norcover

4. DATE OF DEATH: (Month) October (Day) [illegible] (Year) 19

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): [illegible]

8. DATE OF BIRTH: April [illegible]

9. AGE last birthday: [illegible] yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housework

10b. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Reuben Stonesifer

14. MOTHER'S MAIDEN NAME: Anna Mary Zentz

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: none

17. INFORMANT AND ADDRESS: Mrs. Clair Kelbaltz, Taneytown, Maryland

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Coronary Occlusion	2 days
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Arteria Sclerosis	2 years
	(c)	

4

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY:

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour): m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept. 30th, 19 52, to October 2nd, 19 52, that I last saw the deceased alive on Oct. 1st, 19 52, and that death occurred at 12:30 A. m., from the causes and on the date stated above.

SIGNATURE: C. M. Benner, M.D. (Degree or title) ADDRESS: Taneytown Maryland DATE SIGNED: October 2nd 1952

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF: Oct. [illegible]

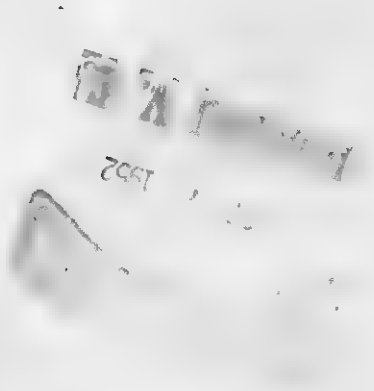
NAME OF CEMETERY OR CREMATORY: [illegible] Cemetery

LOCATION (City, town, or county) (State): Taneytown, Maryland

DATE REC'D BY LOCAL REG.: 10-3, 1952

REGISTRAR'S SIGNATURE: [illegible]

24. FUNERAL DIRECTOR: C.O. Fuss & Son, [illegible] ADDRESS: [illegible]



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 70

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY CARROLL MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN TANEYTOWN
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS BALTIMORE STREET

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE MARYLAND COUNTY CARROLL
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN TANEYTOWN
STREET ADDRESS (If rural, give location) BALTIMORE ST.

3. NAME OF DECEASED (Type or Print): (First) STERLING (Middle) (Last) NUSBAUM

4. DATE OF DEATH: (Month) October (Day) 15 (Year) 1952

5. SEX: MALE

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): M

8. DATE OF BIRTH: Aug 23-1895

9. AGE last birthday: 57 yrs. | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer

10b. KIND OF BUSINESS OR INDUSTRY: own farm

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U S

13. FATHER'S NAME: David Nusbaum

14. MOTHER'S MAIDEN NAME: Mary Nusbaum

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: none

17. INFORMANT AND ADDRESS: Myrtle Nusbaum, Taneytown

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary occlusion — Interval between onset and death: 3 hours

4201 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) —

(c) —

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION —

19b. MAJOR FINDINGS OF OPERATION —

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased ~~from~~ on Oct. 15., 1952., to....., 19....., that I last saw the deceased alive on October 15th., 1952., and that death occurred at 8 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

C. M. Benner M.D. Taneytown Maryland October 15th. 1952

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE THEREOF: Oct 18-1952 | NAME OF CEMETERY OR CREMATORY: Mount Olivet | LOCATION (City, town, or county) (State): Carroll Co. Md

DATE REC'D BY LOCAL REG. Nov 6 1952 | REGISTRAR'S SIGNATURE: Ethel M Mering Local | 24. FUNERAL DIRECTOR ADDRESS: D D Hartsfield & Sons New Windsor & Union Bridge

Item 18 Film C148 11-7-52 ams

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 77

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Carroll; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hampstead; LENGTH OF STAY (in this place) 1 yr; MARYLAND; HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Carroll; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hampstead; STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) John (Middle) Wesley Phillips

4. DATE OF DEATH: (Month) Oct (Day) 11 (Year) 1952

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: May 17 1912

9. AGE Last birthday: 40 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Carpenter

10b. KIND OF BUSINESS OR INDUSTRY: Home

11. BIRTHPLACE (State or foreign country): North Carolina

12. CITIZEN OF WHAT COUNTRY: USA

13. FATHER'S NAME: Wm. B Phillips

14. MOTHER'S MAIDEN NAME: Mary E Green

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.: 242-12-6360

17. INFORMANT AND ADDRESS: Mrs Paul Wantman, Hampstead Md

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Acute alcoholism (Spinal fluid Alcohol 0.56%)

322.0 **Antecedent cause(s)** Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) ; (c)

INTERVAL BETWEEN ONSET AND DEATH

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION; 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes X No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY; (CITY OR TOWN); (COUNTY); (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.; INJURY OCCURRED While at work ☐ Not while at work ☐; HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE R J Fisher (Degree or title) MD ADDRESS 700 Fleet St. Balto Md DATE SIGNED 10/12/52

23. BURIAL, CREMATION, REMOVAL (Specify) Burial; DATE THEREOF Oct 14/52; NAME OF CEMETERY OR CREMATORY Greenmount; LOCATION (City, town, or county) Carroll Co (State) Md

DATE REC'D BY LOCAL REG. 10/14/52; REGISTRAR'S SIGNATURE Henry E Lentz; 24. FUNERAL DIRECTOR Ellis Tipton, Hampstead Md; ADDRESS

VS. A15A

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 70

PLEASE WRITE PLAINLY. WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A

1. PLACE OF DEATH: COUNTY Carroll — STATE MARYLAND — CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Taneytown Rural — LENGTH OF STAY (In this place) Lifetime — HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Carroll — CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Taneytown (Rural) — STREET ADDRESS ____ (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) LEROY (Middle) RAYMOND (Last) REIFSNIDER

4. DATE OF DEATH: (Month) October (Day) 3rd (Year) 19 52

5. SEX: MALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: JAN 23 1889

9. AGE last birthday: 63 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer (Retired)

10b. KIND OF BUSINESS OR INDUSTRY: Farming

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY: U.S.A.

13. FATHER'S NAME: William J. Reifsnider

14. MOTHER'S MAIDEN NAME: Emma Merritt

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): no

16. SOCIAL SECURITY NO.: none

17. INFORMANT AND ADDRESS: Mrs. Leroy R. Reifsnider, Taneytown, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Acute Cerebral Hemorrhage — Interval Between Onset and Death: Few minutes

331X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) ____

(c) ____

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: none

19b. MAJOR FINDINGS OF OPERATION: none

20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. None — PLACE (Home, farm, factory, street, OF office bldg., etc.) Home — (CITY OR TOWN) — (COUNTY) — (STATE)

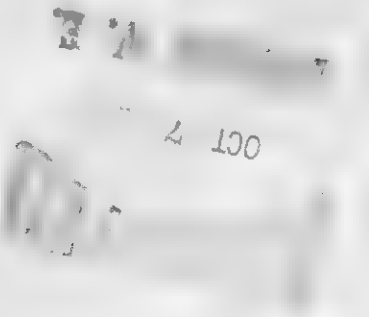
TIME OF INJURY (Month) (Day) (Year) (Hour) none m. — INJURY OCCURRED While at work / Not while at work — HOW DID INJURY OCCUR? No injury

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE Chester Bair, acting Deputy Medical Examiner (Degree or title) — ADDRESS Westminster, Md. — DATE SIGNED 10/3/52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: Oct. 6, 1952 — NAME OF CEMETERY OR CREMATORY: Lutheran Cemetery — LOCATION (City, town, or county) (State): Taneytown, Maryland

DATE REC'D BY LOCAL REG. Oct. 6 1952 — REGISTRAR'S SIGNATURE [illegible] — 24. FUNERAL DIRECTOR: C.O. Fuss & Son — ADDRESS: Taneytown, Md.



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 11386 54

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the cause of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY CARROLL — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN RURAL, SYKESVILLE
LENGTH OF STAY (in this place) 1 mo. 10 da.
HOSPITAL OR INSTITUTION OR STREET ADDRESS SPRINGFIELD STATE HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MARYLAND — COUNTY BALTIMORE
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN GLYNDON
STREET ADDRESS (If rural give location) 121 Butler Road ✓

3. NAME OF DECEASED: (Type or Print) (First) BEEBY (Middle) EMMANUEL (Last) RICHARDSON

4. DATE OF DEATH: (Month) 10 (Day) 9 (Year) 52

5. SEX: MALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): DIVORCED

8. DATE OF BIRTH: 3-14-66

9. AGE last birthday: 86 yrs. — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): Unk -

10b. KIND OF BUSINESS OR INDUSTRY: Unk -

11. BIRTHPLACE (State or foreign country): ILLINOIS

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: Unknown

14. MOTHER'S MAIDEN NAME: Unknown

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Unk - (If Yes, give war or dates of service) —

16. SOCIAL SECURITY NO.: Unk -

17. INFORMANT & ADDRESS: HOSPITAL RECORDS

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

151 X

Immediate cause (a) 151 MALIGNANT NEOPLASM OF STOMACH — Interval Between Onset And Death: 2 yrs. 4 mo

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

(b) DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death: CHRONIC BRAIN SYNDROME WITH SENILE BRAIN DISEASE WITH PSYCHOTIC REACTION — 3 mo.

19a. DATE OF OPERATION: — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug. 31, 1952, to Oct. 9, 1952, that I last saw the deceased alive on Oct. 9, 1952, and that death occurred at 1:15 p.m., from the causes and on the date stated above.

SIGNATURE Gertrude M. Gross, M.D. (Degree or Title) — ADDRESS Springfield State Hospital, Sykesville, Maryland — DATE SIGNED 10-9-52

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF Oct 11/52 — NAME OF CEMETERY OR CREMATORY Finkelburg — LOCATION (City, town, or county) (State) Carroll Co

DATE REC'D BY LOCAL REGISTRAR Oct. 10, 1952 — REGISTRAR'S SIGNATURE C. Harry Zile

24. FUNERAL DIRECTOR J. F. Eline & Sons — ADDRESS Reisterstown Md

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 52

CERTIFICATE OF DEATH

Reg. Dist. No.....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A/8 11

1. PLACE OF DEATH: Carroll County
COUNTY Sykesville, Md. MARYLAND
CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN Sykesville, Md.
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Springfield State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Baltimore City
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural, give location) unknown

3. NAME OF DECEASED: (Type or Print) (First) Louis (Middle) —— (Last) Schell

4. DATE OF DEATH: (Month) (Day) (Year) October 11, 1952

5. SEX: M.

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): single

8. DATE OF BIRTH: 1882?

9. AGE last birthday: 70? yrs. IF UNDER 1 YEAR: Months —— Days —— IF UNDER 24 HRS.: Hours —— Min. ——

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): carpenter

10b. KIND OF BUSINESS OR INDUSTRY: ——

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: ~~xxxxxxx~~ Berthold Schell

14. MOTHER'S MAIDEN NAME: Charlotte Bart

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) unk. (If Yes, give war or dates of service) ——

16. SOCIAL SECURITY NO.: unk.

17. INFORMANT & ADDRESS: Records of Springfield State Hosp.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

421.4

Immediate cause (a) Acute coronary occlusion — INTERVAL BETWEEN ONSET AND DEATH: minutes

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

(b) Chronic valvular heart disease — 12 yrs.?

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. schizophrenia — 45 yrs

19a. DATE OF OPERATION: ——

19b. MAJOR FINDINGS OF OPERATION: ——

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) ——

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY ——

(CITY OR TOWN) ——

(COUNTY) ——

(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M. ——

INJURY OCCURRED While at work ☐ Not while at work ☐ ——

HOW DID INJURY OCCUR? ——

22. I hereby certify that I attended the deceased from Sept. 1 19.47., to Oct. 11, 19.52., that I last saw the deceased alive on Oct. 10, 19.52., and that death occurred at 6:10 a.m., from the causes and on the date stated above.

SIGNATURE Martin Gross M.D. (DEGREE OR TITLE) M.D. ADDRESS Sykesville, Md. DATE SIGNED Oct. 11, 1952

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF 10/14/52 — NAME OF CEMETERY OR CREMATORY Baltimore Cemetery — LOCATION (City, town, or county) (State) North Ave. & Rose St. Balto.Md.

DATE REC'D BY LOCAL REG. 10/14/52 — REGISTRAR'S SIGNATURE O.W. Hedrick Dpty

24. FUNERAL DIRECTOR Schimunek Funeral Home, Inc. — ADDRESS ~~2601-3-5 E. Madison St.~~

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 76

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Carroll — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Run
LENGTH OF STAY (In this place) 1 mon.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Meadow View Cond. Home

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Pa. COUNTY York
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hanover
STREET ADDRESS (If rural, give location) 243 Balto. St. ✓

3. NAME OF DECEASED (Type or Print): (First) Ida (Middle) Kate (Last) Sprinkle
4. DATE OF DEATH: (Month) 10 (Day) 21 (Year) 1952

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
F	W	Widow	Jan. 6-1866	86 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife		Md.	U.S.A.

13. FATHER'S NAME: Wayne Lippy
14. MOTHER'S MAIDEN NAME: Susan Yiroh
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: None
17. INFORMANT AND ADDRESS: Mrs Curtis S. Ruth Hanover, Pa. 243 Balto. St.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Arterio-sclerotic C. V. disease — Interval between onset and death: 7 years

Antecedent cause(s) Disease or conditions, if any, giving rise to the above cause stating the underlying cause last (b) 4221

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May, 1951, to Oct 21, 1952, that I last saw the deceased alive on Oct 18, 1952, and that death occurred at ..... m., from the causes and on the date stated above.

SIGNATURE James T Mowen (Degree or title) M.D. ADDRESS Westminster Md DATE SIGNED 10/21/52

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	10-23-1952	Mt. Olivet Cemetery	Hanover	Pa.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
10/21/52	[signature]	H. Bankard & Son	Westminster, Md.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 24

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH

COUNTY: Carroll — STATE: MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Westminster Md — LENGTH OF STAY (in this place): 7 yrs

HOSPITAL OR INSTITUTION OR STREET ADDRESS: Spring Grove State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE: Md — COUNTY: Washington

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Hagerstown

STREET ADDRESS (If rural, give location): 714 Chestnut St.

3. NAME OF DECEASED: (Type or Print) (First) Gordon (Middle) Maynard (Last) Staley

4. DATE OF DEATH: (Month) Oct (Day) 2 (Year) 1952

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: Feb 23 1921

9. AGE last birthday: 31 yrs. — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None

10b. KIND OF BUSINESS OR INDUSTRY: Dependent

11. BIRTHPLACE (State or foreign country): Hagerstown Md

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: William K Staley

14. MOTHER'S MAIDEN NAME: Reta Stouffer

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service): No

16. SOCIAL SECURITY No.: None

17. INFORMANT & ADDRESS: Mrs. Wm K Staley

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		Interval Between Onset and Death
Immediate cause	(a) Coronary Sclerosis	1 day
DUE TO		
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b) Epileptic	24 yrs
DUE TO		
	(c)	

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: **19b. MAJOR FINDINGS OF OPERATION:** **20. AUTOPSY?** Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M. — INJURY OCCURRED While at work ☐ Not while at work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct 23, 1951 to Oct 2, 1952, that I last saw the deceased alive on Oct 2, 1952 and that death occurred at 12:15 a m., from the causes and on the date stated above.

SIGNATURE: W M Martin MD — (DEGREE OR TITLE) — ADDRESS: Sykesville — DATE SIGNED: Oct 2 52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: 10-4-52 — NAME OF CEMETERY OR CREMATORY: Rose Hill Cemetery — LOCATION (City, town, or county) (State): Hagerstown Md

DATE REC'D BY LOCAL REG.: Oct. 3, 1952 — REGISTRAR'S SIGNATURE: C. Harry Weer

24. FUNERAL DIRECTOR — ADDRESS: Andrew K Coffman Hagerstown Md

VS-715 8-51

OCT 9
BUREAU V.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 8-1

CERTIFICATE OF DEATH

Reg. Dist. No. 24

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly

MARGIN RESERVED FOR BINDING

VS. M5 8-51

1. PLACE OF DEATH:

COUNTY Carroll — MARYLAND

CITY (If outside corporate limits, write RURAL OR TOWN and give nearest town): Sykesville, Md.

LENGTH OF STAY (in this place): 2yr. 1½mos.

HOSPITAL OR INSTITUTION OR STREET ADDRESS: Springfield State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE Maryland COUNTY Washington

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Clear Spring

STREET ADDRESS (If rural, give location): ----- ✓

3. NAME OF DECEASED: (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH: (Month)	(Day)	(Year)
Helen	Elizabeth	Starliper	10	6	1952

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Female	White	Married	9-24-13	39 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
Housewife	---- Home	Washington Co., Md.	U.S.A.

13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
Harry Small	Anna Shupp

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
No ----	Unk-	Hospital records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Terminal pneumonia	1 day
345 X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b) DUE TO Psychosis associated with organic changes of the C.N.S. - multiple sclerosis	3 yrs.
	(c) DUE TO	

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION:	20. AUTOPSY?
----	-----	Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
-----	-----	-------		

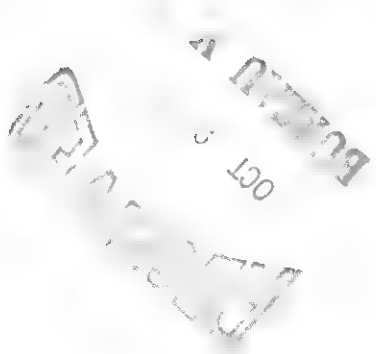
TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?
----- M.		-------

22. I hereby certify that I attended the deceased from 11-19-, 19.51., to 10-6-, 19.52., that I last saw the deceased alive on 10-6-, 19.52, and that death occurred at 3:55 P.m., from the causes and on the date stated above.

SIGNATURE M. N. Mastin, M.D. (DEGREE OR TITLE) ADDRESS Springfield State Hosp., Sykesville, Md. DATE SIGNED 10-6-52

23. BURIAL, CREMATION REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Oct 9-52	Rose Hill Cem	Clear Spring Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Oct. 7, 1952	C. Harry Tiller	Ellmore T. Rowland	Clear Spring Md.



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 76

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH: COUNTY Carroll — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Finksburg | LENGTH OF STAY (in this place) 8 months
HOSPITAL OR INSTITUTION OR STREET ADDRESS Grimes Nursing Home

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Carroll
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Westminster
STREET ADDRESS (If rural, give location) E. Main St.

3. NAME OF DECEASED (Type or Print): (First) Julia (Middle) Pauline (Last) Stiver
4. DATE OF DEATH: (Month) Oct. (Day) 27 (Year) 1952

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: Nov. 8, 1882
9. AGE last birthday: 69 yrs. | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): never worked
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Louis P. Manning
14. MOTHER'S MAIDEN NAME: Emily Barnes

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: --------
17. INFORMANT AND ADDRESS: Mrs. Wm. Seboure Westminster, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) acute dilatation of Heart with Edema of Lungs	3 days
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Cardio-vascular disease with Hypertension	6 years
443X	(c) (Had a cerebral hemorrhage, hemiplegia)	2 years

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): none
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE):
TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

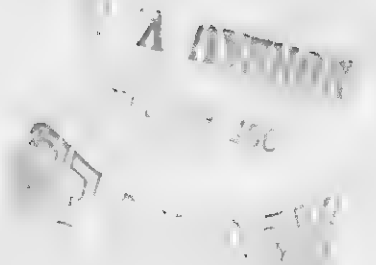
22. I hereby certify that I attended the deceased from Jan. 1st, 1946, to Oct. 27th, 1952, that I last saw the deceased alive on Oct. 26th, 1952, and that death occurred at 2 a.m., from the causes and on the date stated above.

SIGNATURE: J. T. Bellingsley, (Degree or title) M.D. ADDRESS: Westminster, Maryland. DATE SIGNED: 10-27-52

23. BURIAL, CREMATION, REMOVAL (Specify): Cremation
DATE THEREOF: Oct. 28, 1952
NAME OF CEMETERY OR CREMATORY: Loudon Park
LOCATION (City, town, or county) (State): Baltimore Maryland

DATE RECD BY LOCAL REG.: 10/28/52
REGISTRAR'S SIGNATURE:
24. FUNERAL DIRECTOR: John R. Byers ADDRESS: Westminster, Md.

VS. A15



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 1386 2

CERTIFICATE OF DEATH

Reg. Dist. No. 24

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

1. PLACE OF DEATH:
COUNTY: Carroll — MARYLAND
CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN: Sykesville
LENGTH OF STAY (In this place): since 5/24/52
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Springfield State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Maryland — COUNTY: ---
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore City
STREET ADDRESS (If rural, give location): 1612 N.Broadway

3. NAME OF DECEASED: (Type or Print) (First) Harry (Middle) Lewis (Last) Streib

4. DATE OF DEATH: (Month) October (Day) 25 (Year) 1952

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE Last birthday	IF UNDER 1 YEAR: Months	Days	IF UNDER 24 HRS.: Hours	Min.
male	white	married	Decemb.18/1872	79 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Bailiff&Secretary to Judge
10b. KIND OF BUSINESS OR INDUSTRY: ---Unk-
11. BIRTHPLACE (State or foreign country): Baltimore,Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Henry Streib
14. MOTHER'S MAIDEN NAME: unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) unk. (If Yes, give war or dates of service) --
16. SOCIAL SECURITY NO.: Unk-
17. INFORMANT & ADDRESS: Records of Springfield State Hospital

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		Interval Between Onset and Death
49/x Immediate cause	(a) Bronchopneumonia	2days
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	DUE TO (b)	
	DUE TO (c)	

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. Senile Psychosis,simple deterioration — 11months

19a. DATE OF OPERATION: ---
19b. MAJOR FINDINGS OF OPERATION: ---
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) no
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) —
(CITY OR TOWN) ---
(COUNTY) --
(STATE) --
TIME OF INJURY (Month) ----- (Day) (Year) (Hour) M.
INJURY OCCURRED While at work ☐ Not while at work ☐ ---
HOW DID INJURY OCCUR? -----

22. I hereby certify that I attended the deceased from 7/2, 19 52, to 10/24, 19 52, that I last saw the deceased alive on 10/24, 19 52, and that death occurred at 1:45 A. m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) Martin Gross,M.D. M.D
ADDRESS Sykesville,Md.
DATE SIGNED 10/25/52

23. BURIAL, CREMATION REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City or town, or county) (State)
Burial	10-28-52	Loudon Park	Baltimore, Md.

DATE REC'D BY LOCAL REGISTRAR: Oct. 26, 1952
REGISTRAR'S SIGNATURE: C. Harvey Wood
24. FUNERAL DIRECTOR: John A. Denny, Inc.
ADDRESS: 1 E. Lafayette & Montgomery Sts

RECEIVED
OCT 29 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 7-6

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A

1. PLACE OF DEATH: COUNTY Carroll — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Westminster
LENGTH OF STAY (In this place) 78 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Rout 1-

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Carroll
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural, Westminster
STREET ADDRESS (If rural, give location) Westminster, R. D. 1

3. NAME OF DECEASED (Type or Print) (First) DAVID (Middle) E. (Last) WAUGHTEL

4. DATE OF DEATH (Month) Oct (Day) 9 (Year) 19 52

5. SEX Male

6. COLOR OR RACE White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed

8. DATE OF BIRTH 2/24/1889

9. AGE last birthday 63 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farm Hand

10b. KIND OF BUSINESS OR INDUSTRY Farm

11. BIRTHPLACE (State or foreign country) York County, Penna.

12. CITIZEN OF WHAT COUNTRY? U.S.A

13. FATHER'S NAME Unknown

14. MOTHER'S MAIDEN NAME Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. None

17. INFORMANT AND ADDRESS George D. Jones R.D.1 Westminster, Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

4201 Immediate cause (a) Coronary Artery disease —

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) —

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at work ☐ Not while at work ☐ — HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE James T Thorne (Degree or title) Deputy Medical Examiner ADDRESS Westminster Md DATE SIGNED 10/9/52

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF 10/12/52 — NAME OF CEMETERY OR CREMATORY Wentas U.B.Cemetery — LOCATION (City, town, or county) (State) Nr.Hanover, York Co. Pa.

DATE RECD BY LOCAL REG. 10/10/52 — REGISTRAR'S SIGNATURE D.Elwood Hunt

24. FUNERAL DIRECTOR ADDRESS J.W. Little & Son, Littlestown, Pa.

Per R.A. Little

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 76

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY CARROL — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN FINKSBURG
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS FINKSBURG NURSING HOME

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MARYLAND COUNTY BALTIMORE
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN WHITE HALL
STREET ADDRESS (If rural, give location) SHAWSVILLE ROAD

3. NAME OF DECEASED (Type or Print): (First) JOHN (Middle) (Last) WIERS

4. DATE OF DEATH: (Month) OCT. (Day) 8 (Year) 1952

5. SEX: MALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): SINGLE

8. DATE OF BIRTH: SEPT. 24 1862

9. AGE last birthday: 90 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): TELEGRAPHER - RETIRED

10b. KIND OF BUSINESS OR INDUSTRY: RAILROAD

11. BIRTHPLACE (State or foreign country): MARYLAND

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: JOHN WIERS

14. MOTHER'S MAIDEN NAME: AMANDA J. BURNS

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO (If yes, give war or dates of service): NONE

16. SOCIAL SECURITY NO.: NONE

17. INFORMANT AND ADDRESS: FAMILY RECORDS

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

422.1 Immediate cause (a) Myocardiac - Chronic Decompensation — Weeks

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Arteriosclerosis - Cerebral — Years

(c) Secondary Anemia — Years

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10-4-52, 19..... to 10-8-52, 19....., that I last saw the deceased alive on 10-7-52, 19....., and that death occurred at 9:15 P.M., from the causes and on the date stated above.

SIGNATURE Angus D Latrobe (Degree or Title) M.D. ADDRESS Reisterstown Md DATE SIGNED 10-9-52

23. BURIAL, CREMATION, REMOVAL (Specify): BURIAL — DATE THEREOF: OCT. 10 1952 — NAME OF CEMETERY OR CREMATORY: WEISBURG CEMETERY — LOCATION (City, town, or county) (State): WEISBURG, BALTO. CO., MD.

DATE REC'D BY LOCAL REG. 10/11/52 — REGISTRAR'S SIGNATURE [illegible]

24. FUNERAL DIRECTOR: JOHN V BURNS' SONS — ADDRESS: TOWSON, MD.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 71

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:

County: Carroll

City or town: Uniontown (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 10 years

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)

State: Maryland County: Carroll

City or town: Uniontown (If outside city or town limits, write RURAL and give nearest town)

Street No. (If rural, give LOCATION)

2.(a) If veteran, name war: no

3.(a) FULL NAME: PAUL M. WILL

3.(b) Social Security Number: 220-18-1501

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
male	white	married

6.(b) Name of husband or wife: Ella M. Will

6.(c) If alive, give age: 62 years

7. Birth date of deceased (mo., day, yr.): August 15, 1883

8. AGE: Years: 69 | Months | Days | If less than one day: hrs. min.

9. Birthplace: Maryland (Town, county, and state)

10. Usual occupation: Retired Farmer - Owner

11. Industry or business

FATHER — 12. Name: William Will

FATHER — 13. Birthplace: Germany

MOTHER — 14. Maiden name: Fredericka Hintzman

MOTHER — 15. Birthplace: Germany

16. Informant: Mrs. Ella M. Will

Address: Uniontown, Md.

17. BURIAL (Burial, cremation, or removal. Which?) Date thereof: 10-12-1952 (month) (day) (year)

Cemetery or crematory: Ebenezer

Location: Carroll Co., Md.

18. Funeral director: C. M. Waltz

Address: Winfield, Md.

19. Oct 11 19 52 (Date rec'd by registrar) Margaret R. Eisler Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Oct 9 19 52 at 6 15 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19 52 to Oct 9 19 52 and that I last saw h... alive on Oct 9 19 52

Immediate cause of death: Acute Dilatation — DURATION

Due to: Chronic Myocarditis

Due to:

Other conditions: 42202

(Include pregnancy within 3 months of death)

Major findings of operations:

Date of op.

Autopsy results:

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury: Injured at work?

23. SIGNATURE: J. H. Legg M. D. or other

Address: Union Bridge Date signed: 10-10-52

Item 9 FilmG148 10/27/52 whw

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 11390 74

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY CARROLL MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN RURAL, SYKESVILLE
LENGTH OF STAY (in this place) 1 mo. 22 da.
HOSPITAL OR INSTITUTION OR STREET ADDRESS SPRINGFIELD STATE HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Unknown COUNTY ?
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Unknown
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) THOMAS (Middle) — (Last) WILSON

4. DATE OF DEATH: (Month) 10 (Day) 12 (Year) 1952

5. SEX: MALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Unknown

8. DATE OF BIRTH: Unknown

9. AGE last birthday: 75? yrs. Unknown
IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Unknown

10b. KIND OF BUSINESS OR INDUSTRY: Unk —

11. BIRTHPLACE (State or foreign country): Unknown

12. CITIZEN OF WHAT COUNTRY? Unknown

13. FATHER'S NAME: Unknown

14. MOTHER'S MAIDEN NAME: Unknown

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Unk — (If Yes, give war or dates of service) —

16. SOCIAL SECURITY NO.: Unk —

17. INFORMANT & ADDRESS: HOSPITAL RECORDS

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

002X Immediate cause (a) 002 PULMONARY TUBERCULOSIS — Interval Between Onset And Death: Indefinite

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 150 CHRONIC BRAIN SYNDROME ASSOCIATED WITH CIRCULATORY DISTURBANCE, CEREBRAL ARTERIOSCLEROSIS — Interval Between Onset And Death: Indefinite

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug. 21, 1952, to Oct. 12, 1952, that I last saw the deceased alive on Oct. 12, 1952, and that death occurred at 6:50 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
Henry C. A. Mead, M. D. Springfield State Hospital, Sykesville, Maryland Oct. 14, 1952

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF Oct. 18 1952
NAME OF CEMETERY OR CREMATORY Springfield Hospital
LOCATION (City, town, or county) Sykesville (State) Md.

DATE REC'D BY LOCAL REGISTRAR Oct. 18, 1952
REGISTRAR'S SIGNATURE C. Harry Wen
24. FUNERAL DIRECTOR Wen & Haight - Sykesville, Md.
ADDRESS Luther H. Haight

VS. A15

RECEIVED
OCT 21 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

11391

CERTIFICATE OF DEATH

Reg. Dist. No. 76

1. PLACE OF DEATH
COUNTY Carroll
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Westminster
LENGTH OF STAY (In this place) 25 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS 101 E. Green

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland COUNTY Carroll
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Westminster
STREET ADDRESS (If rural, give location) 101 E. Green

3. NAME OF DECEASED (Type or Print) (First) Edward (Middle) Charles (Last) Yingling

4. DATE OF DEATH (Month) Oct. (Day) 6 (Year) 1952

5. SEX M

6. COLOR OR RACE W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed

8. DATE OF BIRTH June 6-1879

9. AGE last birthday 73 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Painter Ret. 25 yrs

10b. KIND OF BUSINESS OR INDUSTRY Painting & Carriage Work

11. BIRTHPLACE (State or foreign country) Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Chas F. Yingling

14. MOTHER'S MAIDEN NAME Annie Marshall

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No

16. SOCIAL SECURITY NO. None

17. INFORMANT AND ADDRESS Ralph Yingling 101 E Green St. Westminster Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Disease of coronary arteries — Interval between onset and death: attacks past 4 years

420.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) arterio sclerosis — 5 years

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, OR office bldg., etc.) INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct. 1942, to 10-6 1952, that I last saw the deceased alive on 10-5 1952, and that death occurred at 5 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

J. Billingslea, M.D. Westminster, Md. 10-7-52

23. BURIAL, CREMATION, REMOVAL (Specify) Burial

DATE THEREOF 10-9-1952

NAME OF CEMETERY OR CREMATORY Presbyterian Cemetery

LOCATION (City, town, or county) (State) Westminster Md.

DATE REC'D BY LOCAL REG. 10-8-52

REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR ADDRESS H. Bankard & Son Westminster, Md.

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

RECEIVED
OCT 9 1929
BUREAU V. S